

Queensland Health

Sexual Health Formative Research 2017

Quantitative Questionnaire

FINAL

June 2017

Introduction:

We have been commissioned on behalf of Enhance Research to undertake a survey with Queensland residents on behalf of the Queensland Government about their **sexual health and wellbeing**.

Introduction for alternate sample sources:

Enhance Research is currently conducting an interesting new survey with Queensland residents on behalf of the Queensland Government about their **sexual health and wellbeing**.

*The survey will take **approximately 20 minutes** to complete depending on your answers.*

FOR ALL

PLEASE NOTE: While the topic of sexual health and wellbeing is of a personal nature, we would encourage you to be as frank and honest in your answers as possible; we'd really like to know your own views. All your answers are confidential and private; if you suspect you may become upset by answering questions about your sexual health, we recommend you do not take part in this research study.

The research is covered by Market and Social Research Privacy Principles with findings from the surveys reported only in aggregate, so your responses and opinions will not be identified to the Queensland Government.

Please do not use the back and forward buttons in the browser. Instead, please use the "Next" and "Back" buttons at the bottom of each page.

This survey has received ethical clearance from Griffith University. You indicate your consent to participate in the study by completing the survey.

For more information please click [here](#).

(INCLUDE BACK BUTTON)

SCREENING:

S1. How old are you?

Under 15 (screen out)	<input type="radio"/> ¹
15	<input type="radio"/> ²
16	<input type="radio"/> ³
17	<input type="radio"/> ⁴
18	<input type="radio"/> ⁵
19	<input type="radio"/> ⁶
20	<input type="radio"/> ⁷
21	<input type="radio"/> ⁸
22	<input type="radio"/> ⁹
23	<input type="radio"/> ¹⁰
24	<input type="radio"/> ¹¹
25	<input type="radio"/> ¹²
26	<input type="radio"/> ¹³
27	<input type="radio"/> ¹⁴
28	<input type="radio"/> ¹⁵
29	<input type="radio"/> ¹⁶
30 or over (screen out)	<input type="radio"/> ¹⁷

S2. Which state do you live in?

Queensland	<input type="radio"/> ¹	TERMINATE
NSW	<input type="radio"/> ²	
Victoria	<input type="radio"/> ³	
ACT	<input type="radio"/> ⁴	
SA	<input type="radio"/> ⁵	
TAS	<input type="radio"/> ⁶	
WA	<input type="radio"/> ⁷	
NT	<input type="radio"/> ⁸	

S3. Are you...

Male	<input type="radio"/> ¹
Female	<input type="radio"/> ²
Gender diverse	<input type="radio"/> ³
Intersex	<input type="radio"/> ⁴
Other	<input type="radio"/> ⁵

S4. Are you? **SINGLE RESPONSE**

Aboriginal	<input type="radio"/> ¹
Torres Strait Islander	<input type="radio"/> ²
Aboriginal and Torres Strait Islander	<input type="radio"/> ³
Neither	<input type="radio"/> ⁴

S5. Do you consider yourself to be? **SINGLE RESPONSE**

Straight	<input type="radio"/> ¹
Gay male	<input type="radio"/> ²
Lesbian	<input type="radio"/> ³
Bisexual	<input type="radio"/> ⁴
Queer	<input type="radio"/> ⁵
Other (Specify)	<input type="radio"/> ⁶

S6. Were you born in a non-English speaking country? **SINGLE RESPONSE**

Yes	<input type="radio"/> ¹
No	<input type="radio"/> ²

S7. Were either of your parents born in a non-English speaking country? **SINGLE RESPONSE**

Yes	<input type="radio"/> ¹
No	<input type="radio"/> ²

SECTION 1: KNOWLEDGE & UNDERSTANDING

The following questions are about what ‘sexual health’ means to you.

Q2. Which of the following do you consider when thinking about sexual health?

RANDOMISE	X
Having sex	<input type="checkbox"/> ¹
Emotional, mental and social wellbeing	<input type="checkbox"/> ²
Respectful interactions and relationships	<input type="checkbox"/> ³
Sexually transmissible infections (STIs)	<input type="checkbox"/> ⁴
Sexuality	<input type="checkbox"/> ⁵
Sexual preference	<input type="checkbox"/> ⁷
Expression of intimacy	<input type="checkbox"/> ⁸
Communication between sexual partners	<input type="checkbox"/> ¹⁰
Consent (i.e. agreeing to sexual activity with someone)	<input type="checkbox"/> ¹¹
Number of partners	<input type="checkbox"/> ¹²
Using protection	<input type="checkbox"/> ¹⁵
Regular STI testing/screening	<input type="checkbox"/> ¹⁶
Birth control methods	<input type="checkbox"/> ¹⁷
Practicing safe sex	<input type="checkbox"/> ¹⁸
Sexual assault	<input type="checkbox"/> ¹⁹
Sexual coercion	<input type="checkbox"/> ²⁰
Sexual pleasure	<input type="checkbox"/> ²¹
Fulfillment	<input type="checkbox"/> ²²
Abstinence	<input type="checkbox"/> ²³
Other (specify)	<input type="checkbox"/> ⁹⁹
Don't know	<input type="radio"/> ⁹⁸

Q3. How much do you agree with the following statements about **sexual health**?

RANDOMISE	Strongly disagree										DK	
	0	1	2	3	4	5	6	7	8	9		10
Sexual health is an important topic to me	0	1	2	3	4	5	6	7	8	9	10	98
I have a good understanding of sexual health	0	1	2	3	4	5	6	7	8	9	10	98
Sexual health education should be provided in schools	0	1	2	3	4	5	6	7	8	9	10	98
Schools and parents should share responsibility for providing sexual health education	0	1	2	3	4	5	6	7	8	9	10	98
The sexual health education I received in school covered the topics that I need	0	1	2	3	4	5	6	7	8	9	10	98
There are certain topics which should not be discussed outside of one's immediate family, sexual health is one of these	0	1	2	3	4	5	6	7	8	9	10	98
My parents help me to understand things that relate to my sexual health	0	1	2	3	4	5	6	7	8	9	10	98
My friends help me to understand things that relate to my sexual health	0	1	2	3	4	5	6	7	8	9	10	98

Q4A. What are the sources of information and education about sexual health that you have used?

SHOW SELECTED AT Q4a

Q4B. Of these, what is your main source of information and education about sexual health?

Q4C. If you could choose, which of these would you prefer to be your main source of information and education about sexual health?

	Q4A	Q4B	RECODE from	Q4C
Parents	<input type="checkbox"/> ¹	<input type="radio"/> ¹	<input type="radio"/> ¹	<input type="radio"/> ¹
Other family members	<input type="checkbox"/> ²	<input type="radio"/> ²	<input type="radio"/> ²	<input type="radio"/> ²
Siblings – brothers or sisters	<input type="checkbox"/> ³	<input type="radio"/> ³	<input type="radio"/> ³	<input type="radio"/> ³
School class	<input type="checkbox"/> ⁴	<input type="radio"/> ⁴	<input type="radio"/> ⁴	<input type="radio"/> ⁴
Friends and peers	<input type="checkbox"/> ⁵	<input type="radio"/> ⁵	<input type="radio"/> ⁵	<input type="radio"/> ⁵
Magazines	<input type="checkbox"/> ⁷	<input type="radio"/> ⁷	<input type="radio"/> ⁶	<input type="radio"/> ⁷
Internet searches	<input type="checkbox"/> ⁸	<input type="radio"/> ⁸	<input type="radio"/> ⁷	<input type="radio"/> ⁸

Specific websites (specify)	<input type="checkbox"/> ¹⁰	<input type="radio"/> ¹⁰	<input type="radio"/> ⁸	<input type="radio"/> ¹⁰
GPs (doctor)	<input type="checkbox"/> ¹¹	<input type="radio"/> ¹¹	<input type="radio"/> ⁹	<input type="radio"/> ¹¹
Sexual health clinics	<input type="checkbox"/> ¹²	<input type="radio"/> ¹²	<input type="radio"/> ¹⁰	<input type="radio"/> ¹²
Support groups and organisations (specify)	<input type="checkbox"/> ¹⁵	<input type="radio"/> ¹⁵	<input type="radio"/> ¹¹	<input type="radio"/> ¹⁵
True (formerly Family Planning)	<input type="checkbox"/> ¹⁶	<input type="radio"/> ¹⁶	<input type="radio"/> ¹²	<input type="radio"/> ¹⁶
Porn sites	<input type="checkbox"/> ¹⁷	<input type="radio"/> ¹⁷	<input type="radio"/> ¹³	<input type="radio"/> ¹⁷
Books	<input type="checkbox"/> ¹⁸	<input type="radio"/> ¹⁸	<input type="radio"/> ¹⁴	<input type="radio"/> ¹⁸
Other (specify)	<input type="checkbox"/> ⁹⁹	<input type="radio"/> ⁹⁹	<input type="radio"/> ¹⁶	<input type="radio"/> ⁹⁹
Don't know	<input type="radio"/> ⁹⁸			
Sexual partners	<input type="checkbox"/> ¹⁹	<input type="radio"/> ¹⁹	<input type="radio"/> ¹⁵	<input type="radio"/> ¹⁹

Q5. Are you familiar with the term **sexually transmissible infections (STIs)**? **SINGLE RESPONSE**

Yes, I'm familiar with the term	<input type="radio"/> ¹
Yes, I've heard of it, but not really familiar	<input type="radio"/> ²
No, not heard of it	<input type="radio"/> ³

ASK IF YES TO Q5, ELSE SKIP TO Q9

Q6. What does the term **sexually transmissible infections (STIs)** mean to you? **OPEN ENDED**

ASK IF Q5=1,2

Q7. Can you name all of the **sexually transmissible infections (STIs)** that you are aware of? **OPEN ENDED**

ASK IF Q5=1,2

Q8. How would you rate your knowledge when it comes to the following STI's?

RANDOMISE	Never heard of it	I know a little about it	I know a lot about it
Chlamydia	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹
Syphilis	<input type="checkbox"/> ²	<input type="checkbox"/> ²	<input type="checkbox"/> ²

Gonorrhoea	<input type="checkbox"/> ³	<input type="checkbox"/> ³	<input type="checkbox"/> ³
HIV	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁴
Genital Herpes	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁵
HPV (human papillomavirus)	<input type="checkbox"/> ⁷	<input type="checkbox"/> ⁷	<input type="checkbox"/> ⁷
Genital Warts	<input type="checkbox"/> ⁸	<input type="checkbox"/> ⁸	<input type="checkbox"/> ⁸
Pubic lice	<input type="checkbox"/> ⁹	<input type="checkbox"/> ⁹	<input type="checkbox"/> ⁹

Q9. How much do you agree with the following statements about **STIs**?

RANDOMISE	Strongly disagree											Strongly agree	Not Applicable / Don't know
	0	1	2	3	4	5	6	7	8	9	10		
Most STIs are incurable	0	1	2	3	4	5	6	7	8	9	10	98	
I have a good understanding of STIs	0	1	2	3	4	5	6	7	8	9	10	98	
I feel I might be at risk of an STI because of my sexual activity	0	1	2	3	4	5	6	7	8	9	10	98	
STIs are a problem in society	0	1	2	3	4	5	6	7	8	9	10	98	
Using condoms is the best protection against STIs	0	1	2	3	4	5	6	7	8	9	10	98	
I am conscious of protecting myself against STIs when I have sex	0	1	2	3	4	5	6	7	8	9	10	98	
I am conscious of protecting myself against STIs during oral sex	0	1	2	3	4	5	6	7	8	9	10	98	
There are other ways (other than condoms) to protect against STIs	0	1	2	3	4	5	6	7	8	9	10	98	
ASK IF S5=4 (LESBIAN) Using dental dams is the best protection against STIs	0	1	2	3	4	5	6	7	8	9	10	98	

Q9A. How much do you agree with the following statements about **condoms and STIs**?

RANDOMISE												
	0	1	2	3	4	5	6	7	8	9	10	
I feel confident discussing condom usage with a partner	0	1	2	3	4	5	6	7	8	9	10	98
Using a condom can be fun	0	1	2	3	4	5	6	7	8	9	10	98
I am confident I could persuade a partner to use a condom during sex	0	1	2	3	4	5	6	7	8	9	10	98

I am confident that I would use a condom during sex even after drinking alcohol	0	1	2	3	4	5	6	7	8	9	10	98
I would insist on using condoms during sex, even if my partner didn't want to	0	1	2	3	4	5	6	7	8	9	10	98
When things are getting intense, I could still make sure we use a condom	0	1	2	3	4	5	6	7	8	9	10	98
I would use a condom during sex even if it was less fun	0	1	2	3	4	5	6	7	8	9	10	98
I would use condoms during sex to avoid getting STIs	0	1	2	3	4	5	6	7	8	9	10	98
I am confident that I would use a condom even if I was high	0	1	2	3	4	5	6	7	8	9	10	98
I feel confident I could purchase condoms without feeling embarrassed	0	1	2	3	4	5	6	7	8	9	10	98

Q10. How would you rate your understanding around the following issues related to the STIs you are most aware of?

	No Understanding					Excellent Understanding					DK	
Transmission – how you can get the STI	0	1	2	3	4	5	6	7	8	9	10	98
Symptoms – the symptoms of the STI	0	1	2	3	4	5	6	7	8	9	10	98
Testing – how to find out if you have the STI	0	1	2	3	4	5	6	7	8	9	10	98
Prognosis – how serious the STI can be for your health	0	1	2	3	4	5	6	7	8	9	10	98
Treatment – how to treat the STI if you have it	0	1	2	3	4	5	6	7	8	9	10	98
Prevention/contact tracing – testing and treatment of partners	0	1	2	3	4	5	6	7	8	9	10	98

Q11. What does the term **sexually active** mean to you? Is this someone who..

RANDOMISE	Q11
Has had sexual intercourse with someone (vaginal or anal penetration)	<input type="checkbox"/> ¹
Has had oral sex with someone	<input type="checkbox"/> ²
Has masturbated with someone	<input type="checkbox"/> ³
Has kissed someone	<input type="checkbox"/> ⁴

Masturbates alone	<input type="checkbox"/> ⁵
Uses sex toys	<input type="checkbox"/> ⁷
Other (specify)	<input type="checkbox"/> ⁹⁹
Don't know	<input type="radio"/> ⁹⁸

SECTION 2: BEHAVIOUR

The next set of questions relate to the things that you do when it comes to sex and your sexual health.

Q12. Which of the following have you **ever** done?

IF Code 97, skip Q12A, Show responses from Q12

Q12A. Which of these have you done in the past three months?

	Q12	Q12A
Had sex (vaginal)	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹
Had sex (anal)	<input type="checkbox"/> ²	<input type="checkbox"/> ²
Had oral sex (given or received a blow job)	<input type="checkbox"/> ³	<input type="checkbox"/> ³
Had oral sex (gone down on someone / someone gone down on you)	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁴
Had anonymous sex	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁵
Had casual sex	<input type="checkbox"/> ⁷	<input type="checkbox"/> ⁷
Been tested for STIs	<input type="checkbox"/> ⁸	<input type="checkbox"/> ⁸
Been treated for STIs	<input type="checkbox"/> ¹⁰	<input type="checkbox"/> ¹⁰
Had group sex (threesome or more)	<input type="checkbox"/> ¹¹	<input type="checkbox"/> ¹¹
Had sex while drunk	<input type="checkbox"/> ¹²	<input type="checkbox"/> ¹²
Had sex while high	<input type="checkbox"/> ¹³	<input type="checkbox"/> ¹³
Had sex while drunk & high	<input type="checkbox"/> ¹⁴	<input type="checkbox"/> ¹⁴
Been coerced into having sex (when you didn't want to)	<input type="checkbox"/> ¹⁵	<input type="checkbox"/> ¹⁵
Had sex with someone you had found through hook-up apps (e.g. TINDER, GRINDR)	<input type="checkbox"/> ¹⁶	<input type="checkbox"/> ¹⁶
Had a sexual experience where consent was withdrawn or changed during sexual activity (by you or your partner)	<input type="checkbox"/> ¹⁷	<input type="checkbox"/> ¹⁷
Regretted having sex with someone	<input type="checkbox"/> ¹⁸	<input type="checkbox"/> ¹⁸
Other (specify)	<input type="checkbox"/> ⁹⁹	<input type="checkbox"/> ⁹⁹
None of these	<input type="radio"/> ⁹⁷	<input type="radio"/> ⁹⁷

MID-SURVEY REFERRAL:

Thanks for your responses so far, we still have more questions to ask you but if this survey has raised any issues or concerns for you about your sexual or general health and wellbeing there are a number of organisations that you can contact for further support or information.

Lifeline 13 11 14

Kids Helpline 1800 55 1800

National Sexual Assault, Family & Domestic Violence Counselling Line 1800 RESPECT (1800 737 728)

Queensland Statewide Sexual Assault Helpline 1800 010 120

Alcohol and Drug Information Service 1800 177 833 (ADIS provides a free, 24 hour/7 day, counselling, information and referral service for anyone with concerns about their own or someone else's use of alcohol or other drugs. This is an anonymous and confidential service).

Open Doors 3257 7660

Police Link 131 444

For STI testing and treatment services - <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/sex-health/services>

ASK IF YES TO Q12 1-4 IF NO GO TO Q21

Q13. How many sexual partners have you had in the past three months? **SINGLE RESPONSE**

No partners	<input type="radio"/> ¹
1 partner	<input type="radio"/> ²
2 partners	<input type="radio"/> ³
3 partners	<input type="radio"/> ⁴
4 or more partners	<input type="radio"/> ⁵

ASK IF YES TO Q12 1-4 IF NO GO TO Q21

Q14. Are you in a monogamous relationship (both of you have each other as your only sexual partner)? **SINGLE RESPONSE**

Yes	<input type="radio"/> ¹
No	<input type="radio"/> ²
Not sure	<input type="radio"/> ³

ASK ALL

Q15. Have you ever heard of any of the following approaches to provide protection against STIs when having sex? **MULTIPLE RESPONSE**

ASK IF YES TO Q12 1-4 IF NO GO TO Q21

Q15A. When you have sex have you used? **MULTIPLE RESPONSE**

	Q15	Q15A
Condoms	<input type="checkbox"/> ¹	<input type="checkbox"/> ¹
Oral contraceptives (the pill)	<input type="checkbox"/> ²	<input type="checkbox"/> ²
Withdrawal method (pulling out)	<input type="checkbox"/> ³	<input type="checkbox"/> ³
HIV PrEP (Pre Exposure Prophylaxis)	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁴
HIV PEP (Post Exposure Prophylaxis)	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁵
IUDs (Inter Uterine Device)	<input type="checkbox"/> ⁷	<input type="checkbox"/> ⁷
Dental dams	<input type="checkbox"/> ⁸	<input type="checkbox"/> ⁸
Washed/cleaned sex toys	<input type="checkbox"/> ¹⁰	<input type="checkbox"/> ¹⁰
Other (specify)	<input type="checkbox"/> ⁹⁹	<input type="checkbox"/> ⁹⁹
Don't know	<input type="radio"/> ⁹⁸	

None of these

⁹⁷

ASK FOR Q15A = 1 &/OR 8 CONDOM USE &/OR DAM USE

Q16. How frequently would you say you use condoms or dams? SINGLE RESPONSE

Every time	<input type="radio"/> ¹
Most of the time	<input type="radio"/> ²
Half the time	<input type="radio"/> ³
Some of the time	<input type="radio"/> ⁴
Hardly ever	<input type="radio"/> ⁵
Only used once	<input type="radio"/> ⁶

ASK IF Q15A = 1 CONDOM USE

Q17. What are the reasons for you using a condom? MULTIPLE RESPONSE

(IF ONE RESPONSE AT Q17, AUTO-CODE INTO Q17A.

Q17A. What is the key reason for you using a condom? SINGLE RESPONSE

	Q17	Q17A
Contraception (to prevent pregnancy)	<input type="checkbox"/> ¹	<input type="radio"/> ¹
Prevention of STIs	<input type="checkbox"/> ²	<input type="radio"/> ²
My partner insisted	<input type="checkbox"/> ³	<input type="radio"/> ³
None of the above	<input type="checkbox"/> ⁴	<input type="radio"/> ⁴

ASK IF Q15A=1 CONDOM USE

Q18. Did you use a condom the last time you had ? SINGLE RESPONSE

	Yes	No
ASK IF Q12 = 1 Vaginal sex	<input type="radio"/> ¹	<input type="radio"/> ²
ASK IF Q12 = 2 Anal sex	<input type="radio"/> ¹	<input type="radio"/> ²
ASK IF Q12 = 3 Oral sex	<input type="radio"/> ¹	<input type="radio"/> ²

ASK IF YES TO Q12 1-4

Q19. Have you ever? MULTIPLE RESPONSE

	Yes	No
Asked a partner to use a condom	<input type="radio"/> ¹	<input type="radio"/> ²
Discussed condom use with a partner	<input type="radio"/> ¹	<input type="radio"/> ²

ASK IF Q19=YES

Q20. How often do you talk about condom usage with a new partner/s ? **SINGLE RESPONSE**

	Q20
Every time	<input type="radio"/> ¹
Most of the time	<input type="radio"/> ²
Half the time	<input type="radio"/> ³
Some of the time	<input type="radio"/> ⁴
Hardly ever	<input type="radio"/> ⁵
Only once	<input type="radio"/> ⁶

ASK ALL

Q21. Thinking about your friends and peers, how much do you agree with the following statements?

RANDOMISE	Strongly disagree					Strongly agree					DK	
	0	1	2	3	4	5	6	7	8	9		10
My friends always use condoms when having sex with new partners	0	1	2	3	4	5	6	7	8	9	10	98
My friends think it is important to use a condom when having sex with a new partner	0	1	2	3	4	5	6	7	8	9	10	98
Most of my friends think you should avoid unsafe sex	0	1	2	3	4	5	6	7	8	9	10	98
Most people I know have safe sex all the time	0	1	2	3	4	5	6	7	8	9	10	98
My friends and I discuss sex with one another	0	1	2	3	4	5	6	7	8	9	10	98

ASK IF Q12 = 12,13,14 (DRUNK &/OR HIGH)

Q22a. How much do you agree with the following statements?

RANDOMISE	Strongly disagree					Strongly agree					DK	
	0	1	2	3	4	5	6	7	8	9		10
After drinking alcohol...												
I am more likely to have sex	0	1	2	3	4	5	6	7	8	9	10	98
Sex is more pleasurable	0	1	2	3	4	5	6	7	8	9	10	98
I always use condoms when having sex	0	1	2	3	4	5	6	7	8	9	10	98
I am more likely to have oral sex	0	1	2	3	4	5	6	7	8	9	10	98

I am more likely to have anal sex	0	1	2	3	4	5	6	7	8	9	10	98
I am more likely to have group sex	0	1	2	3	4	5	6	7	8	9	10	98
Q22b. After using drugs...												
Sex is more pleasurable	0	1	2	3	4	5	6	7	8	9	10	98
I am more likely to have sex	0	1	2	3	4	5	6	7	8	9	10	98
I always use condoms when having sex	0	1	2	3	4	5	6	7	8	9	10	98
I am more likely to have oral sex	0	1	2	3	4	5	6	7	8	9	10	98
I am more likely to have anal sex	0	1	2	3	4	5	6	7	8	9	10	98
I am more likely to have group sex	0	1	2	3	4	5	6	7	8	9	10	98

SECTION 3: CLINICAL EXPERIENCE & ATTITUDES

The next set of questions relate to your experiences with health professionals about your sexual health. By health professionals we mean doctors or GPs, nurses and other staff in clinics.

ASK ALL

Q23. Have you ever discussed sexual health or had an STI test with a doctor, nurse or other health professional? **SINGLE RESPONSE**

Yes – discussed sexual health but never tested for an STI	<input type="radio"/> ¹
Yes – been tested for an STI	<input type="radio"/> ²
Yes – both discussed sexual health and tested for an STI	<input type="radio"/> ³
No -neither	<input type="radio"/> ⁴

ASK IF Q23 = 2 OR 3 (TESTED)

Q24. How recently was your most recent STI test? **SINGLE RESPONSE**

Within the past month	<input type="radio"/> ¹
Within the past three months	<input type="radio"/> ²
Within the past year	<input type="radio"/> ³
More than one year ago	<input type="radio"/> ⁴

ASK IF Q23 = 2 OR 3 (TESTED)

Q25. What motivated you to have your most recent STI test? **MULTIPLE RESPONSE**

I test regularly	<input type="checkbox"/> ¹
I experienced some symptoms that I thought I should get checked	<input type="checkbox"/> ²
I had unprotected sex	<input type="checkbox"/> ³
I experienced a penile, vaginal or anal injury during sex	<input type="checkbox"/> ⁴
I thought it was something I should do	<input type="checkbox"/> ⁵
Other (please specify)	<input type="radio"/> ⁹⁹

ASK IF Q23 = 2 OR 3 (TESTED)

Q26. Where did you have your most recent STI test? **SINGLE RESPONSE**

GP (your regular doctor)	<input type="radio"/> ¹	<input type="radio"/> ¹
GP (other than your regular doctor)	<input type="radio"/> ²	<input type="radio"/> ²
Sexual health clinic	<input type="radio"/> ³	<input type="radio"/> ³
True (formerly Family Planning)	<input type="radio"/> ⁴	<input type="radio"/> ⁴
Aboriginal Medical Service	<input type="radio"/> ⁵	<input type="radio"/> ⁵
Hospital	<input type="radio"/> ⁷	<input type="radio"/> ⁶
Other (please specify)	<input type="radio"/> ⁹⁹	<input type="radio"/> ⁷

ASK IF Q23 = 1,2 OR 3 (DISCUSSED &/OR TESTED)

Q27. Thinking about your experience with the health professionals you have dealt with in relation to your sexual health, how much do you agree with the following statements?

RANDOMISE	Strongly disagree					Strongly agree					DK	
	0	1	2	3	4	5	6	7	8	9		10
I am satisfied with the sexual health services that I receive from staff	0	1	2	3	4	5	6	7	8	9	10	98
I get support from staff for the challenges of being sexually active	0	1	2	3	4	5	6	7	8	9	10	98
My main healthcare provider assumes I always use condoms	0	1	2	3	4	5	6	7	8	9	10	98
My main healthcare provider provides information, fliers and pamphlets about STIs and STI transmission that are easy to understand	0	1	2	3	4	5	6	7	8	9	10	98

ASK ALL

Q28. Thinking about your expectations of health professionals generally in relation to sexual health, how much do you agree with the following statements?

RANDOMISE	Strongly disagree					Strongly agree					DK	
	0	1	2	3	4	5	6	7	8	9		10
Health professionals are generally approachable to discuss sexual health	0	1	2	3	4	5	6	7	8	9	10	98
I am comfortable discussing my sexual health with a health professional	0	1	2	3	4	5	6	7	8	9	10	98
Health professionals are understanding and empathetic about sexual health	0	1	2	3	4	5	6	7	8	9	10	98
Health professionals understand the issues facing young people who are sexually active	0	1	2	3	4	5	6	7	8	9	10	98
I find it embarrassing to discuss sexual health with a health professional	0	1	2	3	4	5	6	7	8	9	10	98
I would rather not discuss sexual health with health professionals because it is a private matter	0	1	2	3	4	5	6	7	8	9	10	98
Health professionals are judgemental and make me feel ashamed about sexual health	0	1	2	3	4	5	6	7	8	9	10	98

ASK IF S4=1,2,3 ABORIGINAL &/OR TORRES STRAIT ISLANDER

Health professionals understand my needs as an Aboriginal or Torres Strait Islander person	0	1	2	3	4	5	6	7	8	9	10	98
--	---	---	---	---	---	---	---	---	---	---	----	----

ASK IF S3=3,4,5 GENDER DIVERSE, INTERSEX OTHER

Health professionals understand my needs as a Gender Diverse person	0	1	2	3	4	5	6	7	8	9	10	98
---	---	---	---	---	---	---	---	---	---	---	----	----

ASK IF S5=2,3,4,5 GAY, LESBIAN, BISEXUAL, QUEER

Health professionals understand my needs as a Gay or Lesbian or Bisexual or Queer person	0	1	2	3	4	5	6	7	8	9	10	98
--	---	---	---	---	---	---	---	---	---	---	----	----

ASK IF S6 OR S7 = YES

Health professionals understand my needs as someone from a non-English speaking background	0	1	2	3	4	5	6	7	8	9	10	98
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ASK ALL

Q29. Thinking about dealing with health professionals about sexual health, which of the following would you choose? **SINGLE RESPONSE FOR EACH**

I would prefer to deal with a health professional...

I did not know	<input type="radio"/> ¹
I already know	<input type="radio"/> ²
Who focuses on providing positive advice about being sexually active	<input type="radio"/> ¹
Who focuses on outlining the risks associated with being sexually active	<input type="radio"/> ²

ASK ALL

Q30. When thinking about discussing sexual health with a health professional which of these emotions do you feel? **MULTIPLE RESPONSE RANDOMISE**

Anger	<input type="checkbox"/> ¹
Contempt	<input type="checkbox"/> ²
Disgust	<input type="checkbox"/> ³
Distress	<input type="checkbox"/> ⁴
Fear	<input type="checkbox"/> ⁵
Guilt	<input type="checkbox"/> ⁶
Interest	<input type="checkbox"/> ⁷
Joy	<input type="checkbox"/> ⁸
Shame	<input type="checkbox"/> ⁹
Surprise	<input type="checkbox"/> ¹⁰
Shy	<input type="checkbox"/> ¹¹
Nervous	<input type="checkbox"/> ¹²
Normal	<input type="checkbox"/> ¹³
Embarrassed	<input type="checkbox"/> ¹⁴
None of these	<input type="radio"/> ⁹⁹

SECTION 4: OVERALL ATTITUDES

We appreciate you sticking with us. We're nearly at the end!
 Now we'd like to understand your general attitudes towards sexual health.

ASK ALL

Q31. Thinking about sexual health generally, how much do you agree with the following statements?

RANDOMISE	Strongly disagree										Strongly agree										Don't know / Not applicable		
	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8		9	10
I am comfortable discussing sexual health issues with members of my family	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	98
I am comfortable discussing sexual health issues with my friends	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	98
I feel confident in my ability to form respectful sexual relationships	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	98
I feel comfortable with my sexuality	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	98
I see sex as an expression of intimacy	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	98
I enjoy sex	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	98
I have had sexual experiences that I was not comfortable with	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	98
I am careful about choosing who I have sex with	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	98
I feel I have little control over my sexual health	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	98
Alcohol has a negative impact on my sexual health	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	98
Drugs have a negative impact on my sexual health	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10	98

DEMOGRAPHICS:

And to finish up, we'd like to ask you a few general questions about yourself.

D1. Which of the following best describes you? **MULTIPLE RESPONSE**

Studying at school	<input type="checkbox"/> ¹
Studying or training at Vocational Education or Training college (e.g. TAFE, apprenticeship)	<input type="checkbox"/> ²
Studying at university	<input type="checkbox"/> ³
Employed full time	<input type="checkbox"/> ⁴
Employed part time or casual	<input type="checkbox"/> ⁵
Not employed	<input type="checkbox"/> ⁶
Other	<input type="checkbox"/> ⁷

ASK IF D1 = 4,5,6 (EMPLOYED OR NOT EMPLOYED) AND D1≠1,2,3 (STUDYING)

D2. What is your highest level of education? **SINGLE RESPONSE**

Primary school	<input type="radio"/> ¹
Some high school	<input type="radio"/> ²
Year 10	<input type="radio"/> ³
Year 12	<input type="radio"/> ⁴
TAFE or college	<input type="radio"/> ⁵
Undergraduate degree	<input type="radio"/> ⁶
Post-graduate degree	<input type="radio"/> ⁷

D3. What is your postcode (or if not known please enter your suburb or town)?

D4. Are you a parent? **SINGLE RESPONSE**

Yes	<input type="radio"/> ¹
No	<input type="radio"/> ²
Pregnant	<input type="radio"/> ³

D5. Which of the following best describes your household? **SINGLE RESPONSE**

I live at home with my parent/s	<input type="radio"/> ¹
I live alone	<input type="radio"/> ²
I live in a shared household	<input type="radio"/> ³

I live with my partner	<input type="radio"/> ⁴
I am a single parent	<input type="radio"/> ⁵
I am in a couple with children at home	<input type="radio"/> ⁶
I live in shared student accommodation (eg on campus)	<input type="radio"/> ⁷
Other (specify)	<input type="radio"/> ⁹⁹

D6. Do you consider yourself as someone living with a disability? **SINGLE RESPONSE**

Yes	<input type="radio"/> ¹
No	<input type="radio"/> ²

D7. Do you speak a language other than English at home? **SINGLE RESPONSE**

Yes	<input type="radio"/> ¹
No	<input type="radio"/> ²

ASK IF D7=YES LANGUAGE

D8. Other than English, what language/s do you speak? **OPEN ENDED**

THANK YOU, THAT IS THE END OF THE SURVEY

END OF SURVEY REFERRAL:

If this survey has raised any issues or concerns for you about your sexual or general health and wellbeing there are a number of organisations that you can contact for further support or information.

LIST SUPPORT LINKS